

At Wit's End: Dignity, Forgiveness, and the Care of the Dying

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Margaret Edson is an elementary school teacher in Atlanta who worked her way through graduate school in English Literature as a unit clerk in the oncology center of an academic medical center. Her play, *W;t*, won the Pulitzer Prize for drama in 1999 (1). It has attracted not only enormous critical acclaim, but also widespread interest among physicians (2). It has even been reviewed in medical journals, a rare event for a work of literature (*NY Times*, *Annals of Internal Medicine*, *JAMA*) (3-4), and is being used for purposes of medical education aimed at improving the care of the dying (5). Yet, both in informal discussions with physicians and in these reviews, the actual point of the play seems to have received little attention. By focusing on this play as a satire about the care of the dying (which, as a multi-layered, intricately woven work of art, is certainly part of its truth), these commentators from the medical community have failed to give the play its due. In a way, saying that *W;t* is a satire about the care of the dying is like saying that *Hamlet* is a play about royal succession in Denmark. True enough, but something is rotten if we say no more.

The point of the play is its protagonist: Vivian Bearing, PhD, Professor of English literature, expert on the Holy Sonnets of John Donne, and her coming to grips with her cancer, her life, and her death. When medical commentators portray this almost exclusively as a satire about contemporary medical oncology and the care of the dying, they fall into the same trap as the medical characters in the play, Professor of Oncology Dr. Harvey Kelekian, and his fellow, Dr. Jason Posner. They think that the story of someone dying under the care of doctors is a story about doctors.

Yet the lesson in this play is intended for all audiences. And it is only when doctors learn this lesson that they will learn anything really useful from this play. The doctors in *W;t* don't seem to get the lesson, the doctors in the audience don't seem to get the lesson, and the doctors writing in the journals don't seem to get the lesson. And this, in the graphic words of the play, is another "doctor fuckup." (p. 85) Just as the play ends in a mistake, our professional reaction to the play has been a mistake. We're busy "coding a No-

Code." And the only way we will learn how not to make that mistake is if we realize that the point of the play has nothing to do with this mistake. "Herein lies the paradox. John Donne would revel in it." (p. 47)

Forgiveness

Among W;t's many themes, dignity and forgiveness are central. Physicians wishing to learn from the play would do well to understand this.

The theme of forgiveness emerges subtly, but forcefully. Simply put, Professor Bearing spends her time on stage asking the audience to forgive her. As the play begins, Professor Bearing states that she's "sorry [she] won't be around" when the doctors ask her corpse, "How are you today?" (p. 5) She later apologizes that her request for a "palliative treatment modality" disrupts "the dramatic coherence of [her] play's last scene." (p. 70) And her "last coherent words" are, "I'm sorry." (p. 73).

The middle of the play, its very heart, is the text of Donne's Holy Sonnet V, "If poysonous mineralls..." This poem is a complex plea for God's mercy and forgiveness. Bearing analyzes it into her own complex plea for forgiveness.

If poysonous mineralls, and if that tree,
Whose fruit threw death on else immortall us,
If lecherous goats, if serpents envious
Cannot be damn'd; Alas; why should I bee?
Why should intent or reason, borne in mee,
Make sinnes, else equall, in mee, more heinous?
And mercy being easie, and glorious
To God, in his sterne wrath, why threatens hee?
But who am I, that dare dispute with thee?
O God, Oh! of thine onely worthy blood,
And my teares, make a heavenly Lethean flood,
And drowne in it my sinnes blacke memorie.
That thou remember them, some claime as debt,
I thinke it mercy, if thou wilt forget.

"Aggressive intellect. Pious melodrama. And a final, fearful point. Donne's Holy Sonnet Five, 1609. From the Ashford edition, based on Gardner. The speaker of the sonnet has a brilliant mind, and he plays the part convincingly; but in the end he finds God's *forgiveness* hard to believe, so he crawls under a rock to *hide*.

Doctrine assures us that no sinner is denied *forgiveness*, not even one whose sins are overweening *intellect* or overwrought *dramatics*. The speaker does not need to hide from God's *judgment*, only to accept God's *forgiveness*. It is very simple. Suspiciously simple.

We want to correct the speaker, to remind him of the assurance of salvation. But it is too late. The poetic encounter is over. We are left to our own consciences. Have we outwitted Donne? Or have we been outwitted?

(SUSIE [the nurse] comes on.)

SUSIE: Ms. Bearing?

VIVIAN: (Continuing) Will the po-

SUSIE: Ms. Bearing?

VIVIAN: (Crossly) What is it?

SUSIE: You have to go down for a test. Jason just called. They want another ultrasound." (pp. 50-51).

Relationship

The context for dignity and forgiveness is relationship. The post-doctoral fellow in the play, Dr. Jason Posner, quite unwittingly describes the way human relationships form the glue that binds both dignity and forgiveness together when he discusses the cellular biology of cancer. What he and Vivian Bearing both find "awesome" is the loss of "contact inhibition" in cancer cells. He even states, plainly, that this is what it means for cells to be immortal (pp. 56- 7). And when Vivian is placed in clinical isolation, she states explicitly that it is not cancer (i.e., not the loss of contact inhibition) that has driven her into isolation. It is the treatment she has received at the hands of her doctors (p. 47). And she and her oncologist, Dr. Kelekian, are really co-conspirators in this treatment.

Her treatment plan is about knowledge and toughness, a way of avoiding both life and death (pp. 11-12). In short, her treatment, like her life, involves the maintenance and restoration of contact inhibition.

In their own personal isolated alienation and over-intellectualization, the physicians in the play really mirror Vivian Bearing, even as she mirrors us, the audience. Her real struggle is not against the cancer, but against what the post-doctoral fellow, Dr. Jason Posner, correctly calls "Salvation Anxiety." (pp. 75-6). But like Professor Bearing, Jason understands this only intellectually. In living his life, we learn that he has shunned the "fellowship" part of his post-doctoral fellowship, in favor of a research career. He is in need of constant reminders to be "clinical" (i.e., human) in his dealings with patients. And Dr. Kelekian, the Professor of Oncology, treats Vivian exactly the way she treats the students in her classes. Both patients and students become pretexts in which to display personal prowess and control- an exercise in wit. Like her doctors, Vivian Bearing fears both love and death. Like her doctors, she over-intellectualizes all relationships and thereby avoids any need for reconciliation. She never shows any mercy to her students, not even allowing extensions for late term papers. (p. 63). She is one whose "sins are an over weaning intellect and overwrought dramatics." (p. 50).

We learn, slowly, how isolated her life really is. There are hints of a tough childhood. No mention of her mother other than death. We learn that she preferred the library to the company of her fellow students in graduate school. She is childless and unmarried. Her parents are now dead. Her colleagues fear her. No one visits her in the hospital.

Her relationship with Kelekian is also purely intellectual. As co-conspirators, they both decry the dullness of their students (p. 10). To her delight, after a medical student answers one of his questions incorrectly

during rounds, Dr. Kelekian remarks, "Why do we waste our time, Dr. Bearing?" (p. 39) Wit keeps people at bay. – Contact inhibition.

At one point in the play, she tries to reach out to the oncology fellow, Jason Posner, at a human level, asking him if he ever misses any of his patients. He almost opens up, but then quickly turns the conversation into a mental status exam (pp. 57 -59).

She also tries to reach out to the nurse, Susie. And Susie offers her the only meaningful interaction she has with the medical staff anywhere in the play -they share a popsicle together (pp. 65-66). But Susie also quickly escapes from any deeper interpersonal engagement and turns the conversation into an abstract discussion of the risks and benefits of a DNR order (pp. 67 -69). – I dare say – many commentators think she's the hero – the one who gets to the real issues. But it's not about adriamycin or no adriamycin. And it's not about DNR orders either.

Only in the haze of morphine does Vivian manage any interpersonal reconciliation. The painful flashback of her interaction with her father at age 5 becomes redeemed in her dying days. As the morphine is injected, she shares a joke with Susie the nurse about its "soporific" qualities, using the same word that she claims, in her flashback, launched her career. And in place of her father, in place of her mother, comes a visit from her old graduate school mentor, Professor E.M. Ashford. Professor Ashford crawls into bed with her and reads for her -not Donne -but a child's bunny story like the one in which Vivian, at age 5, first read the word "soporific." The scene is quite tender and compassionate. Both the bunny story and Ashford's own actions are filled with the hope of an unconditional, reconciling love. This is the love and forgiveness that Vivian has always wanted, but has never allowed herself to accept.

Dignity

Dignity means value or worth. In a deeper philosophical sense, it means the preference-independent value that each human being has simply because each is human. Martin Luther King says he learned about this type of dignity from his grandmother who told him, "Martin, don't let anyone ever tell you you're not a somebody." This deepest sort of dignity means that everybody is a somebody.

Although she does not set out consciously in this direction, Professor Vivian Bearing's journey through the play is towards this deeper sense of dignity in the face of the "countless indignities" she suffers (p. 41) She might have sought out her dignity in the pomp of her title, but her title subtly migrates through the drama from "Doctor" to "Ms." to "Vivian." She might have sought out her dignity in her appearance, but quickly loses it with her publicly vanishing hair (p. 40). She might have sought it in freedom from pain and the enjoyment of life's pleasures, but she loses it in the pain that "hurts like hell" (p. 70) and in the ugly vomitus at the bottom of her plastic washbasin (p. 32). She might have sought out her dignity in her power and control (p. 48), but it is gone from the play's first moment, tethered to the IV pole that she drags with her throughout the play like a ball and chain. In the end, Vivian Bearing must learn that she has no worth or value except herself. The one who sees her dignity is E.M. Ashford, whose reconciling love is expressed in a kiss. "May flights of angels sing thee to thy rest." (p. 80).

How much of this Vivian understands through the haze of morphine is initially unclear. But as the stage directions state, just as the play ends, in the throes of her final indignity, in the calamity of the "code on

the No-Code," in the playing out of an egregious medical mistake, she is described as "naked and beautiful, reaching towards the light." (p. 85). She is a naked "somebody" No more. No less.

Lessons for Clinicians

This, then, is what the play is really about. It is not about us as health care professionals. It is about "Salvation Anxiety" --the question of whether we, as human beings, finally have any preference-independent worth or value (dignity); whether we can recognize this in each other; whether we can reconcile ourselves to each other for our individual and collective failures to treat each other with such dignity; whether we can allow ourselves, finally, to be loved; and whether this, ultimately, in any way saves us. Like Vivian, we all, one day, will take our final exam. But like Vivian, we don't understand the question and time is running out. (p. 70).

To be forgiven, we must first understand that we have done wrong. And this is where physicians and other health care professionals can benefit most from this play. We need to learn, at least as professionals, what it is that is broken in our relationships and what it is for which we must say (coherently) that we are sorry. We do not learn from W;t any useful lines that we can use with patients, nor should we be led to believe that we can even learn what turns of phrase are especially unhelpful. What we need to learn is that we must be persons of reconciling love before we will ever be equipped to meet the needs of the dying. And that's a tall order.

For what do we need forgiveness?

We need forgiveness, first of all, for our failure to recognize the dignity of our patients as persons. For the times we have treated them merely as objects of science or profit. For the times we have failed to learn from them as persons, learning only, as Vivian Bearing accuses Dr. Kelekian, enough to write papers about their ovaries (p. 53). Or even, dare I say it, papers about their degree of symptom control. For our insensitivity, when we have acted like Jason, who does a pelvic examination, notes a problem, is unable to conceal his surprise at the findings, and never mentions it again to his terrified patient (p. 31). For the times we have kept our patients at bay, have over-intellectualized our clinical world, and have created an atmosphere of isolation for them and for ourselves. For the times we have lied to our patients --"you're doing swell. Isolation is no problem. Couple of days. Think of it as a vacation." (p. 4)

We need forgiveness, secondly, from each other. For our petty jealousies, backbiting and detracting. For our cutthroat competitiveness as students, and in our practice and academic settings. For our overly harsh educational system that teaches by humiliation and sleep deprivation. For our collective failure to realize the limitations of our craft.

Finally, we need to forgive ourselves -or to allow ourselves to be forgiven. For our individual limitations as practitioners. For the patients we've harmed through our ignorance, our rashness, or our indecisiveness, whether culpable or not. For our failure to embrace our own humanity, with its dignity and its limitations, casting ourselves in the roles of the superheroes we are not. Our most profound dignity comes not from our roles as health care professionals, but from the fact that we are persons.

Unless we are prepared, as persons, to deal with these issues of dignity and forgiveness in our own lives, we will not be able to deal with issues of dignity and forgiveness in the lives of those we serve. We share

Vivian Bearing's predicament. "I thought being extremely smart would take care of it. But I see that I have been found out." (p. 70)

Is what comes between life and death a mere comma's worth of breath, or is the gap as wide as a semicolon? Like John Donne, like Vivian Bearing, like Harvey Kelekian, we all face this question, each in our own way. And we answer, each in our own way. Like our patients, we have heard of "this promise of salvation," and like them, we 'Just can't deal with it." (p. 76)

This promise has been written in the sometimes-disappearing ink of dignity and forgiveness. And so, with fierce doubts, we face the play's starkly contradictory conclusion. "It just doesn't stand up to scrutiny. But you can't face life without it either." (p. 76). The dying, especially, are painfully aware of this paradox. But until we realize that this is our paradox as well, Margaret Edson's brilliant play will be lost on us. And we will go on playing our usual roles as just the sorts of persons about whom satires will be written. If so, let us hope that our patients will forgive us anyway.

References

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